COAL CREEK DENTISTRY

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Notice of Privacy Practices – Acknowledgement

We keep a record of the health care services we provide. You may ask to see, copy, and/or correct your record by contacting our Office Manager.

We will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

This form will be kept in your medical record.

I (or my legally authorized representative) acknowledge receipt of the Notice of Privacy Practices.

Signature	Date
Printed name (if signed on behalf of patient)	Relationship (parent, legal guardian, personal representative)

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